

	<b>ANNUAL REPORT FOR CALENDAR YEAR 19____</b> <b>GAS DISTRIBUTION SYSTEM</b>	INITIAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT <input type="checkbox"/>								
U.S. Department of Transportation Research and Special Programs Administration										
<b>PART A - OPERATOR INFORMATION</b>		<b>DOT USE ONLY</b>								
1. NAME OF COMPANY OR ESTABLISHMENT _____		3. OPERATOR'S 5 DIGIT IDENTIFICATION NUMBER (When Known) ____/____/____/____/____								
2. LOCATION OF OFFICE WHERE ADDITIONAL INFORMATION MAY BE OBTAINED  _____ Number and Street  _____ City and County  _____ State and Zip Code		4. HEADQUARTERS NAME & ADDRESS, IF DIFFERENT  _____ Number and Street  _____ City and County  _____ State and Zip Code								
5. STATES IN WHICH SYSTEM OPERATES : _____										
<b>PART B - SYSTEM DESCRIPTION</b>		Report miles of main and number of services in system at end of year.								
1. GENERAL										
	<b>STEEL</b>									
	<b>UNPROTECTED</b>		<b>CATHODICALLY PROTECTED</b>							
	BARE	COATED	BARE	COATED						
MILES OF MAIN										
NO. OF SERVICES										
2. MILES OF MAINS IN SYSTEM AT END OF YEAR										
MATERIAL	UNKNOWN	2" OR LESS	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8" THRU 12"	OVER 12"				
STEEL										
DUCTILE IRON										
COPPER										
CAST WROUGHT IRON										
PLASTIC										
1. PVC										
2. PE										
3. ABS										
OTHER										
OTHER										
SYSTEM TOTALS										
3. NUMBER OF SERVICES IN SYSTEM AT END OF YEAR      AVERAGE SERVICES LENGTH _____ FEET										
MATERIAL	UNKNOWN	1" OR LESS	OVER 1" THRU 2"	OVER 2" THRU 4"	OVER 4" THRU 8"	OVER 8"				
STEEL										
DUCTILE IRON										
COPPER										
CAST WROUGHT IRON										
PLASTIC										
1. PVC										
2. PE										
3. ABS										
OTHER										
OTHER										
SYSTEM TOTALS										